February 23, 2012

COVERING PEOPLE WITH PRE -EXISTING CONDITIONS: REPORT ON THE IMPLEMENTATION AND OPERATION OF THE PRE- EXISTING CONDITION INSURANCE PLAN PROGRAM

Executive Summary

Before the Affordable Care Act, Americans with pre-existing conditions who did not receive health coverage through their employers had few affordable options to get the care they needed. In most States, insurance companies could refuse to sell them coverage, charge exorbitant premiums, or offer them coverage that excluded benefits for their health conditions. The result has been tens of thousands of Americans with serious health conditions – like cancer and heart disease – who have been unable to afford health insurance or to pay out of pocket for their own medical care.

Thanks to the Affordable Care Act, people with pre-existing conditions have new options. The health reform law contains significant benefits for people who are living with pre-existing conditions, expands access to private insurance, and gets rid of the worst insurance industry practices by putting patients first.

The law ends discrimination against people with pre-existing conditions. Insurers can no longer deny coverage to children because of a pre-existing condition and starting in 2014, refusing to cover anyone with a pre-existing condition is prohibited. Insurance companies will also not be allowed to charge higher premiums based on health status, pre-existing conditions, or for being a woman. This will allow millions of Americans and small businesses to purchase affordable coverage through a new competitive insurance marketplace and have the same choice of insurance that Members of Congress will have.

As a bridge to 2014, when these protections apply to all Americans, the law created a new program designed to help the tens of thousands of Americans who have been locked out of the insurance market due to their health conditions. The Pre-Existing Condition Insurance Plan or PCIP is a temporary high-risk health insurance program that makes health coverage available and more affordable immediately to individuals who are uninsured and have been denied health insurance by insurance companies because of a pre-existing condition. Twenty-seven States are operating their own program, often in coordination with existing State High Risk Pools, and 23 States and the District of Columbia have opted to have a Federally-operated program.

Our analysis of PCIP demographics and enrollment trends show the program has worked quickly to connect Americans in need of medical care with the health insurance they need. Already, PCIP is helping 50,000 people with medical conditions access the health care they need but have been unable to afford without health insurance. Americans seeking health insurance through PCIP have serious health care needs:

- Delayed or Deferred Care: To qualify for PCIP, applicants must have been uninsured for a minimum of six months prior to applying for coverage, which means that PCIP may attract individuals who have been recently diagnosed with a severe illness or condition that requires immediate care or treatment. Additionally, people who may otherwise qualify for PCIP may

postpone enrolling until they have an immediate need for coverage. As a result, PCIP enrollees use a higher volume and intensity of services than those in existing State High Risk Pools, which pre-date PCIP, and enrollees in an established Federal Employee Health Benefits (FEHB) health plan.

- Serious, Expensive Illnesses: In general, the top five diagnoses or procedures in terms of cost tend to include cancers, ischemic heart disease, degenerative bone diseases, organ failure requiring a transplant, and hemophilia. These illnesses are prevalent among PCIP enrollees:
    - With cancer among the most costly conditions to treat, in 2011 the Federally-administered PCIP served 628 enrollees with this diagnosis, including 333 enrollees diagnosed with breast cancer.
    - Also in 2011, the Federally-administered PCIP had covered more than 1,000 enrollees with a diagnosis of either ischemic heart disease or heart failure.
- Higher Risk Populations: Older Americans are at greater risk of having health conditions and needing care. The largest segment of PCIP enrollees is age 55 and older, which is likely attributable to people who are retired or no longer working, do not have access to employer-sponsored health insurance, and have not yet reached the age when they can enroll in Medicare.

The PCIP program has changed tens of thousands of lives, and in many cases, literally has saved lives. This report demonstrates the significant needs of those with pre-existing conditions and highlights the importance of programs such as PCIP.

PCIP Overview

PCIP was established by Section 1101 of the Affordable Care Act as a temporary high risk health insurance program in all 50 States and the District of Columbia for uninsured people with pre-existing conditions. Twenty-seven States are operating their own program, often in coordination with existing High Risk Pools, and 23 states and the District of Columbia have opted to have a Federally-operated program.

To qualify, people applying for the Pre-Existing Condition Insurance Plan (PCIP) must:

- Have been without health coverage[1] for at least six months,
- Have a pre-existing condition or have been denied health coverage because of a health condition, and
- Have U.S. citizenship or reside in the U.S. legally.

Eligibility is not based on income and people who enroll are not charged a higher premium because of their medical condition. The law appropriated $5 billion for the payment of claims and administrative expenses in excess of the premiums collected from people enrolled in the program. The PCIP program will continue until January 1, 2014, when insurers will be prohibited from denying coverage to anyone with a pre-existing condition and new competitive marketplaces called Affordable Insurance Exchanges will give people the opportunity to shop for affordable insurance coverage that best suits their needs.

PCIP and the People It Serves

PCIP has changed the lives of Americans previously shut out of the health insurance marketplace. These stories are an illustration of the program's benefits:

Deborah Sferlazza of Shelby Township, Michigan: In 2006, Deborah seriously injured her back. Immediately after her injury, she could no longer drive and subsequently lost her job. Since her COBRA coverage ran out, she has been uninsured. Now a self-employed business owner tutoring children out of her home, Deborah's pre-existing condition has locked her out of the health insurance market. In the summer of 2011, Deborah found out about Michigan's State-run PCIP program, Health Insurance Program, and was able to enroll and receive back surgery in August. In a letter thanking President Obama, Deborah said:

> "I am so grateful to be on the beginning road to recovery after living in constant pain for 5 years. Not able to work, almost losing our house, filing bankruptcy, declined by insurance companies and living with no hope for a change. Today, I can say I am experiencing a true miracle in my life and you were an instrument in making this miracle happen."

[1] Section 1101(d)(2) of the Affordable Care Act states that an eligible individual must not have been covered under creditable coverage (as defined in section 2701(c)(1) of the Public Health Service Act) during the 6-month period prior to applying for coverage.

James Howard of Katy, Texas: On January 25, 2011 during President Barack Obama's State of the Union Address, the American people were introduced to James Howard from Katy, Texas, who had been diagnosed with brain cancer in March, 2010 and later thought his lack of health insurance was a death sentence. One of his prescription drugs alone cost $10,000 a week, and he had no idea how he would afford the costs of prescriptions, doctor's visits, tests and treatments. James searched, but could not find affordable health insurance until he discovered the Pre-Existing Condition Insurance Plan. James is grateful for the coverage the Pre-Existing Condition Insurance Plan offers and says that without it, he would not have been able to continue his treatments.

> "Without the insurance plan I'm on, I wouldn't be alive today," Mr. Howard said. "I'm living testimony as to how this has helped out in my life. With the treatment and my family, friends and faith, I've been able to get this to work out."[2]

Deborah "Jo" Cunningham of Arlington, Virginia: Jo found that, despite her CFA and PhD in Economics, was unable to find an affordable policy due to a pre-existing medical condition. She signed up for PCIP coverage in Virginia as soon as possible, and started her policy in August of 2010. The coverage could not have come at a more fortunate time. In January of 2011, Jo was diagnosed with thyroid cancer and had to undergo an aggressive course of treatment to beat the cancer into remission. As she told some of the PCIP workers who sat with her during this trying time, without PCIP she would have faced both a daunting cancer diagnosis and medical bills totaling over $120,000. With the help of PCIP, she conquered both and now runs her own business in Arlington.

Retha Jackson of Lamesa, Texas: When Retha Jackson's husband was diagnosed with a terminal illness, she knew that they had to move back home to Texas to spend the last few months among family. She never expected that this meant she would have to choose between her comforting her husband and keeping her health insurance. When she and her husband moved from New Mexico to Texas, her insurance company informed her that she could no longer keep her coverage as she lived beyond the State lines. Just prior to this, a routine check-up had found a blockage in a major artery. Having worked most of her life in the assisted living field, Retha knew the importance of quick diagnosis and quick treatment. But without insurance, her treatment would bankrupt the family. Fortunately, she discovered PCIP and started her treatment – finding new blockages that had gone undiagnosed, and likely saving her life.

Cathy Allen of Marblehead, Ohio: Many years ago, Cathy Allen of Marblehead, Ohio was diagnosed with Systemic Lupus, a serious long-term illness which can result in early death. Fortunately, her case was caught early, and with proper management of the chronic disease, she has remained in good health and expects to live a long and full life. Still, her pre-existing condition left her uninsurable in the eyes of insurance companies, and she was repeatedly denied coverage. Upon hearing of the Pre-Existing Condition Insurance Plan, Cathy immediately applied and started her coverage in September of 2010. Cathy is now enrolled in the Ohio State-

[2] Tolson, M. (2011, January 24). Katy man gets a special seat for State of the Union. Houston Chronicle. Available at http://www.chron.com/news/houston-texas/article/Katy-man-gets-a-special-seat-for-State-of-the-1691970.php. Accessed January 11, 2012.

run PCIP program. Cathy is paying monthly premiums, co-insurance payments, and deductibles as on any other policy. Having a health insurance plan has given her peace of mind and the ability to build her business without fear that she will one day be forced to abandon it to take a job that offers health insurance in order to get health care. In Cathy's words,

> "The Affordable Care Act has made it possible for me to create my own job and to budget for health care expenses like any other small business owner would. Keeping me healthy is good for business - and good for the economy!"

Gail M. O'Brien of Keene, New Hampshire: In March of 2010, Gail was diagnosed with high grade non-Hodgkin's lymphoma. She had no health insurance. Repeated efforts to obtain insurance through her employers in the past were unsuccessful and finding insurance she could afford while paying for her son Kyle's college education was not possible. Gail and her husband, Matt, knew the new Pre-Existing Condition Insurance Plan was to start 90 days after the Affordable Care Act was signed into law, and they made the agonizing decision to delay treatment until July in hopes that the insurance would go in effect then. Thankfully, the program was established. As a result, Gail now has insurance that will pay for her treatments and is responding very well.

In September of 2010, President Obama made a surprise phone call to Gail. Watch it here: http://www.whitehouse.gov/photos-and-video/video/2010/09/21/a-surprise-call-president

These are just a handful of stories from people who are benefiting directly and significantly from the Affordable Care Act today. Thousands of other families have experienced similar benefits and received life-saving or life-sustaining treatment thanks to PCIP.

PCIP Enrollees Have High Medical Needs and Costs Are Growing with Increasing Enrollment

PCIP is available to provide care for the sickest, most vulnerable uninsured Americans. This is a uniquely high-cost population for several reasons. By definition, enrollees must have a pre-existing health condition. They are also more likely than most to need on-going, potentially expensive care for that condition. As enrollees must have been uninsured for at least six months, they are likely to have delayed or deferred care for that condition – which may have caused their condition to worsen and results in an immediate need for care when the patient receives insurance. And while premiums in PCIP are lower than what is likely to be available in the individual market – for example, the premium for a 50-year-old enrollee in the Federally-administered PCIP may range from $214 to $559, depending on the State of residence and plan option – people choosing to enroll in PCIP are likely anticipating health care costs exceeding their premium contributions.

An analysis of the demographics of PCIP enrollees shows that the program is succeeding in reaching the Americans who need the program the most – older uninsured Americans and those with serious pre-existing conditions. Our analysis also shows that PCIP enrollees tend to need more – and more intensive – medical care than enrollees in either private health insurance

PCIP Demographics: Medical Condition

Many PCIP enrollees have a variety of health conditions that are serious and require ongoing medical treatment. Data from the Federally-administered PCIP, as of November 30, 2011, show that 78 percent of the total cost of the program goes to provide care for four serious types of medical need:

- Cancer: 27 percent of total costs;
- Diseases of the circulatory system, like coronary artery disease: 18.6 percent;
- Rehabilitative care and aftercare, like post-surgical care and certain forms of radiation and chemotherapy: 18 percent; and
- Degenerative joint diseases, such as osteoarthritis: 14.4 percent.

In 2011 the Federally-administered PCIP served 628 enrollees with cancer, including 333 enrollees diagnosed with breast cancer, and covered more than 1,000 enrollees with a diagnosis of either ischemic heart disease or heart failure. Assuming that the risk profile of the Federally-administered PCIP population is reflective of the program as a whole, we estimate that the PCIP program served nearly 1,900 individuals with cancer and approximately 4,700 people with heart disease in 2011.

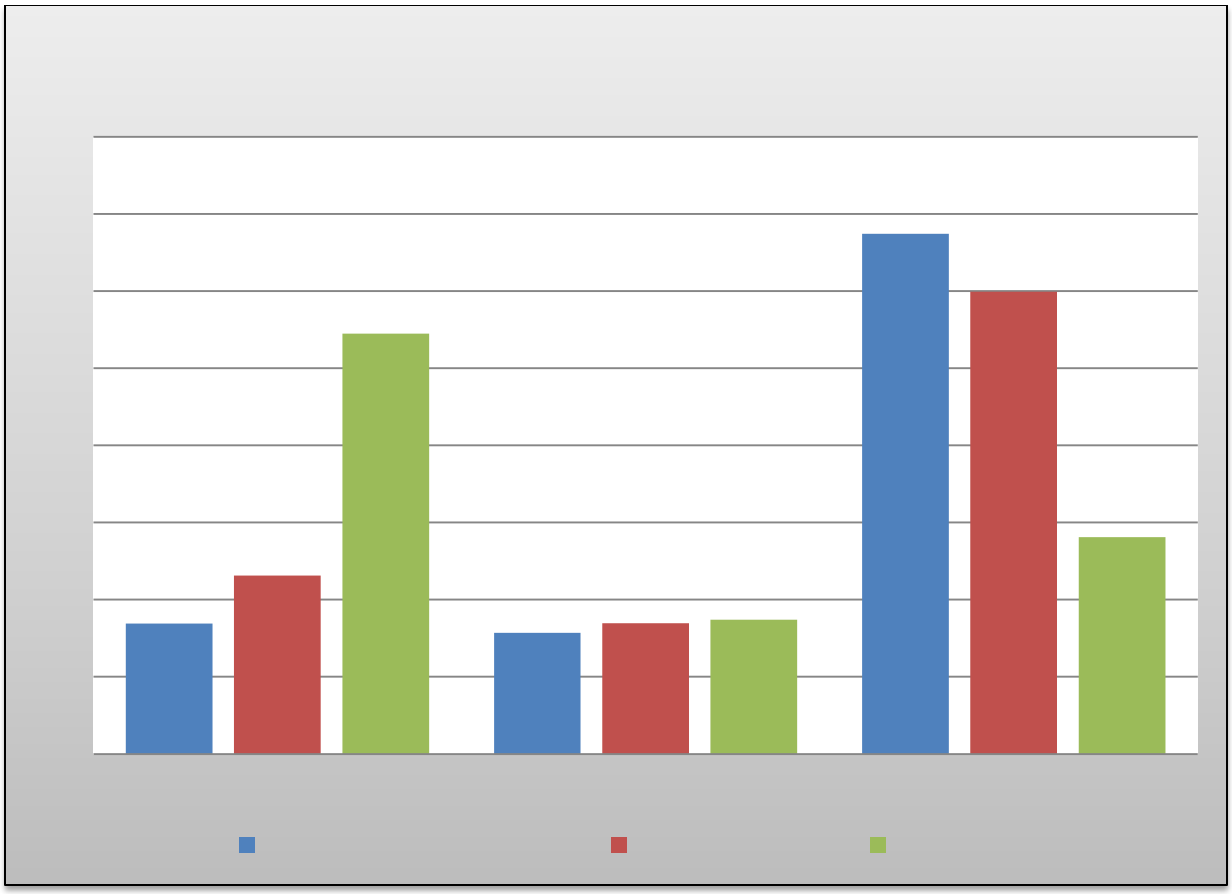
A recent study examined a sample of 1,485 enrollees in 10 state-based PCIPs and found that 18.7 percent of individuals had joint disease, 16.8 percent of individuals had diabetes or other disorders of the endocrine system, and 15.4 percent had cardiovascular disorders.[1] The top five diagnoses or procedures by cost vary by State, but typically include cancers, ischemic heart disease, degenerative bone diseases, organ failures requiring a transplant, and hemophilia.

PCIP Demographics: Age and Gender

Older uninsured Americans are more likely to enroll in PCIP than younger, likely healthier uninsured Americans. As Figure 3 shows, the largest segment of PCIP enrollees is 45 years of age and older, representing primarily people who are retired or left the workforce early and no longer have employer-sponsored health insurance, but are not yet Medicare eligible. Thus, it appears that PCIP is attracting a disproportionately older population, even through more than half of the uninsured is age 34 and younger. These demographics also show how the PCIP program is succeeding in reaching those Americans with the greatest health care needs who are not being served by the private insurance market. One in five uninsured Americans between the ages of 55 and 65 has two or more chronic conditions and is more than twice as likely to be in poor health compared to those in the same age group with private health insurance.[3]

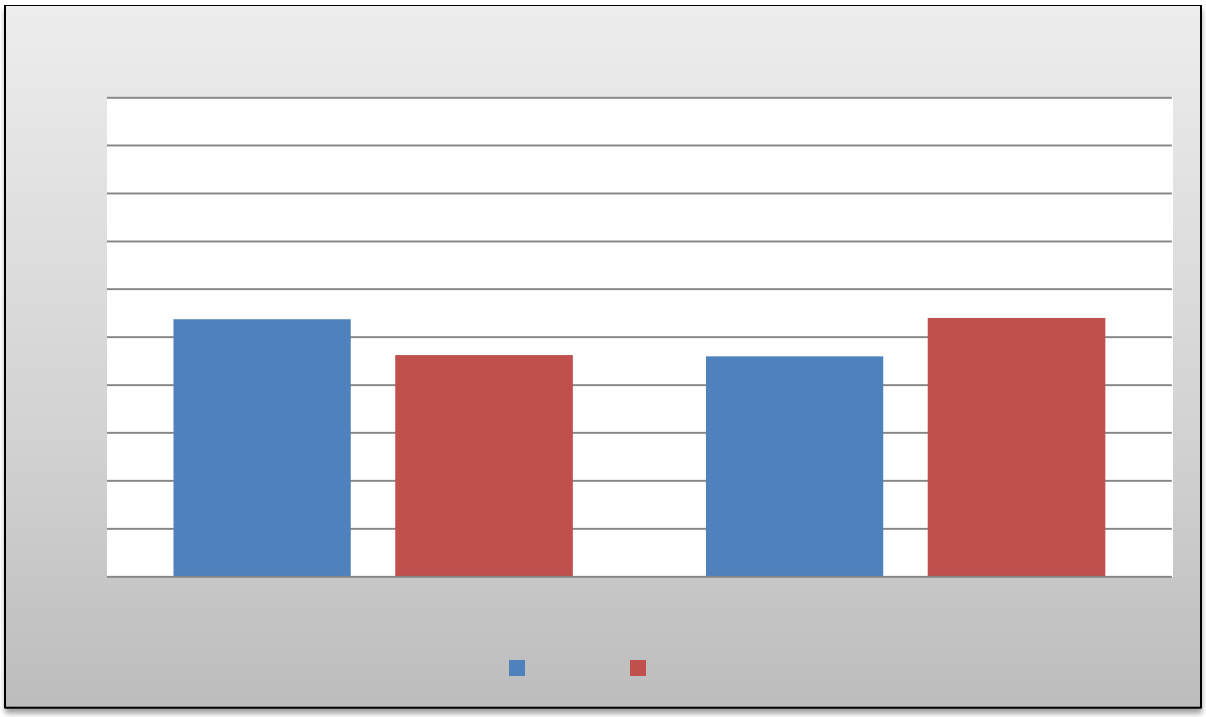
[1] Jean P. Hall and Janice Moore, "Realizing Health Reform's Potential: Early Implementation of Pre-Existing Condition Insurance Plans: Providing an Interim Safety Net for the Uninsurable" (New York: The Commonwealth Fund, June 2011).

[3] Gretchen Jacobson, Karyn Schwartz, and Tricia Neuman, "Health Insurance Coverage for Older Adults: Implications of a Medicare Buy-In," Kaiser Family Foundation, May 2009



Sources: November 2011 State-Based PCIP Monthly Reports and NFC Reporting Center Query as of January 12, 2012 for the Federally-Administered PCIP; U.S. Census Bureau, Current Population Survey, Table 8. "People without Health Insurance Coverage by Selected Characteristics: 2009-2010." Available at: http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2010/table8.pdf. Accessed February 3, 2012.

PCIP has enrolled more females than males, as Figure 4 demonstrates, even though the U.S. population has a greater percentage of nonelderly uninsured males (54 percent) than females (46 percent). Appendix A provided detailed information about the proportion of people who have ever enrolled in PCIP by state, age, and gender.



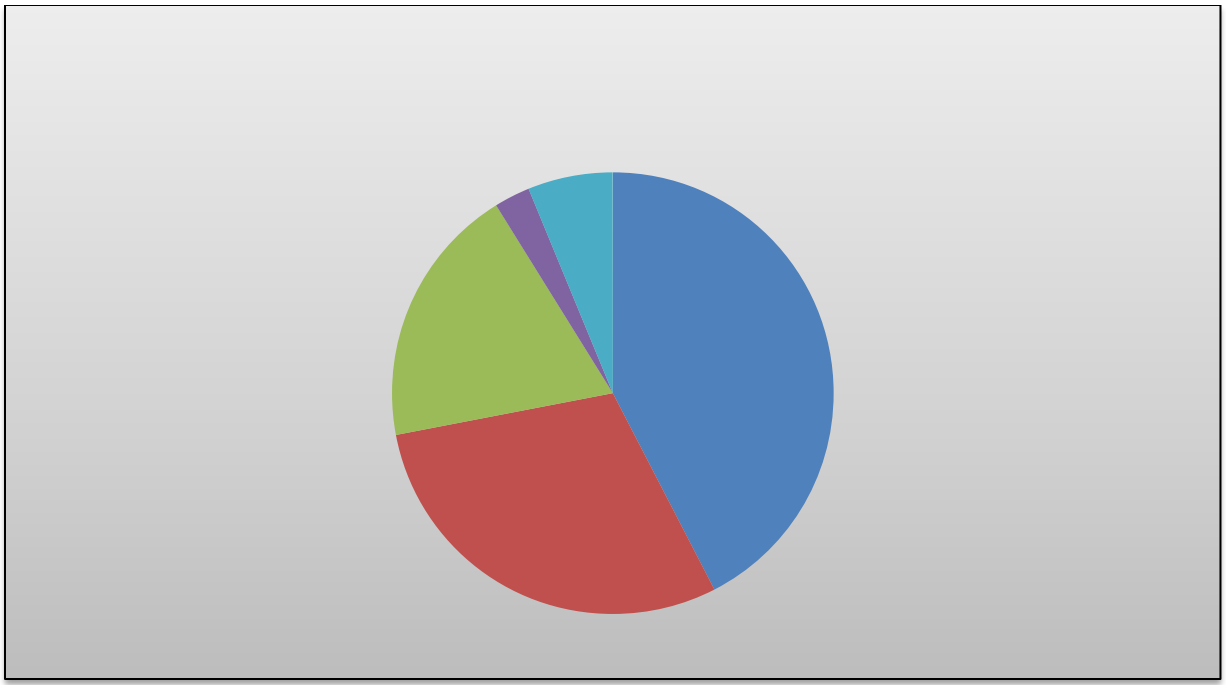
Sources: November 2011 State-Based PCIP Monthly Reports and NFC Reporting Center Query as of January 12, 2012 for the Federally-Administered PCIP; Kaiser Family Foundation, State Health Facts, "Distribution of the Nonelderly Uninsured by Gender, States (2009-2010), U.S. (2010)." Available at: http://Statehealthfacts.org/. Accessed February 3, 2012.

PCIP Demographics: Comparison to a benchmark Federal Employee Health Benefits (FEHB) health plan

A recent comparison between enrollees in an established health plan that participates in FEHB and those enrolled in the Federally-administered PCIP shows that PCIP enrollees have much greater health care needs. With respect to the Federally-administered PCIP, enrollees used a higher volume and intensity of services and had higher costs than enrollees in the benchmark FEHB plan. For example, PCIP enrollees had more than 1.5 times as many claims, office visits, emergency room visits, and procedures as the enrollees in the benchmark FEHB health plan, and more than 5 times as many hospital admissions. PCIP enrollees were about 3.5 times more likely to have claims exceeding $10,000 compared to the FEHB plan enrollees. Between those highest-cost enrollees in both plans, the differences were even more striking:

- More than 3 times as many emergency room visits;
- More than 3.5 times as many claims, office visits, and procedures;
- More than 8 times as many admissions;
- Almost twice the average cost per claims.

Figure 5 shows that inpatient and facility care account for nearly three-quarters of claims in the Federally-administered PCIP.



Source: Federally-Administered PCIP, 2012. Includes medical claims paid from August 1, 2010 through December 31, 2011. Facility Services include: Ambulatory Surgery Center; Outpatient Services; Rehabilitation Facility; and Skilled Nursing Facility. Outpatient includes: Professional; Laboratory; Pathology; Procedures; and Other Outpatient Services. Other includes: Ambulance; Anesthesia; Evaluation & Management; and Undefined Services

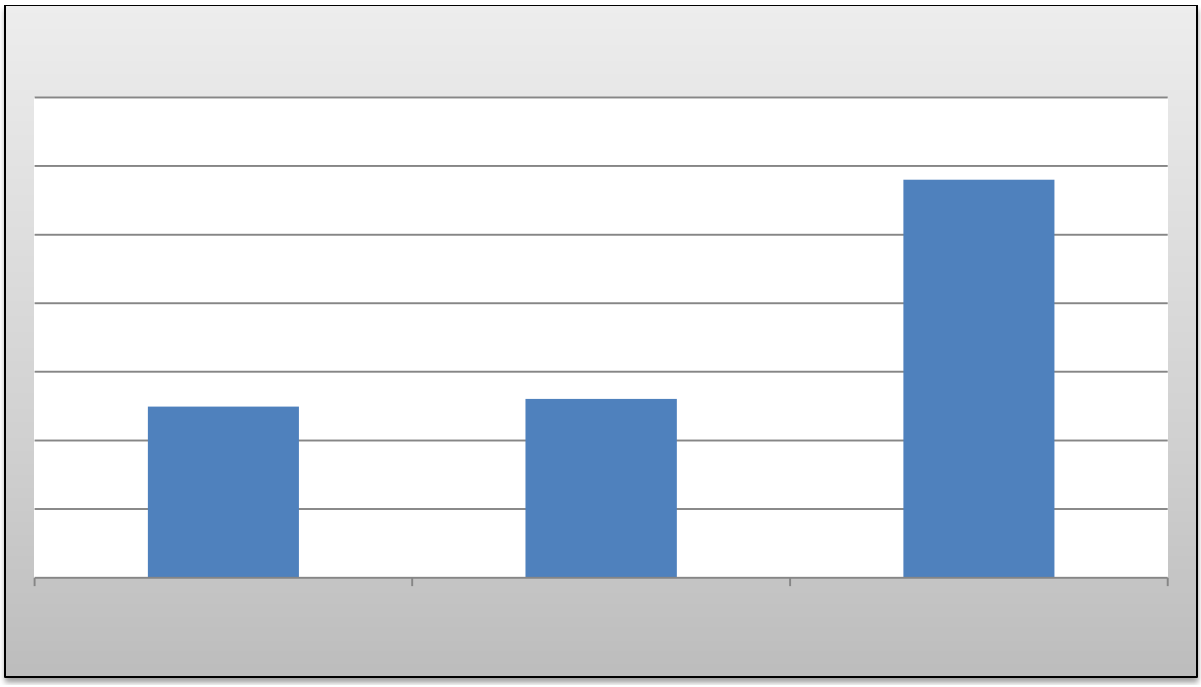
PCIP Demographics: Comparison to Existing High Risk Pools

Prior to the PCIP program, many States operated High Risk Pools to cover people with pre-existing conditions. However, major differences between existing State High Risk Pools and the PCIP program exist, which may account for the higher cost of care for PCIP enrollees:

- No Waiting Period for PCIP Coverage: State High Risk Pools have pre-existing condition exclusion periods ranging from three to twelve months that are applied to new enrollees who lack prior coverage. Under this exclusion, those with pre-existing conditions are not covered at the outset of coverage while they are paying monthly premiums. In contrast, PCIP does not impose a waiting period, which means that high cost conditions are covered from the first day that PCIP coverage begins.

- PCIP Enrollees Have Immediate Need for Care: Many enrollees in most State High Risk Pools represent people who have had prior coverage and are eligible for the pool by virtue of rights afforded to them under the Health Insurance Portability and Accountability Act of 1996. Such individuals are likely already receiving ongoing treatment of their pre-existing conditions. To qualify for PCIP, eligible individuals must have been uninsured for a minimum of six months prior to applying for coverage, which means that PCIP may attract individuals who have been recently diagnosed with a severe illness or condition that requires immediate care or treatment. Additionally, people who may otherwise qualify for PCIP may postpone enrolling until they have an immediate need for coverage.

Based on claims experience to date, enrollees in the PCIP program have higher medical claims costs on average than enrollees in the State High Risk Pools. As Figure 6 illustrates, actuarial estimates of initial per member per year costs for PCIP enrollees are more than double what the State High Risk Pools have experienced in recent years. On average, the PCIP program has experienced claims costs 2.5 times higher than anticipated, which the data suggest are due to the acute, costly medical needs of the population PCIP is serving.



As Table 1 illustrates below, State-based PCIPs have identified higher claims costs and utilization among PCIP enrollees relative to State High Risk Pool enrollees. Cost and utilization differences between PCIP and State High Risk Pool enrollees are likely attributable to programmatic differences between the two programs and the types of enrollees each program attracts and enrolls.

Table 1. Illustrative Cost and Utilization Attributes of State-based PCIP Enrollees Compared to State High Risk Pool Enrollees		
Attribute*	PCIP	State High Risk Pool
Hospital Admissions per 1,000 (Colorado)	562	137
Inpatient Days per 1,000 (Colorado)	5,174	735
Per Member Per Month Claims Expenditures (Kansas)	$3,449	$1,376
Loss Ratios (New Hampshire)	1,916%**	144%
*Each State uses the same provider networks and drug formulary. **In March, 2011, 11% of PCIP enrollees in New Hampshire accounted for 96% of claims costs.		

Federal-State PCIP Partnership

The Affordable Care Act offered States flexibility in establishing a PCIP program themselves, or to work with the Department of Health and Human Services. In twenty-seven States, a State or State-designated nonprofit entity (such as an existing High Risk Pool) elected to operate a PCIP and receive funding for administrative and claims expenses in excess of enrollees' premium contributions. Under this arrangement, the State-based PCIP establishes premium rates and benefits, and procedures for enrollment, disenrollment, and appeals, as well as how applicants satisfy the program's pre-existing condition requirement as set in the law. Applicants who live in a State served by a State-based PCIP apply and enroll directly with that program.

In the remaining twenty-three States and the District of Columbia, HHS operates the program through interagency agreements with the U.S. Office of Personnel Management (OPM) and the U.S. Department of Agriculture's National Finance Center (NFC) and a contract with a third-party administrator, the Government Employees Health Association (GEHA). This organizational structure leverages the functions that these two Federal offices perform in administering the Federal Employee Health Benefits Program, which provides insurance coverage to Federal workers, retirees and their families. In the Federally-administered PCIP, NFC processes enrollment applications, bills and collects premiums, and manages a customer call center, while OPM makes eligibility determinations, adjudicates appeals of eligibility, and administers GEHA's contract. People who live in States served by the Federally-administered PCIP file an application with the National Finance Center, and if they are determined eligible, are enrolled in the plan administered by GEHA. Included in Appendix B is information about when PCIP became available in every State.

Premiums and Benefits

People who are enrolled in PCIP receive health coverage at premium rates that healthy people pay in the individual insurance market. By law, premiums may vary only on the basis of age (by a factor not greater than four to one), geographic area, and tobacco use. PCIP covers at least 65 percent of total average costs for covered benefits, and limits member out-of-pocket expenses for covered, in-network services to the amount paid by people enrolled in a high deductible health plan eligible for a Health Savings Account. Under the Federal tax code, this out-of-pocket amount is set each calendar year. In 2010 and 2011, this amount was $5,950; in 2012, it is $6,050. Coverage related to the care or treatment of an enrollee's pre-existing condition begins immediately upon the plan's effective date, unlike other types of insurance coverage currently available in the individual market, which may impose pre-existing condition limits or exclusion periods.

PCIP offers a benefit package of services most commonly covered by State High Risk Pools, which pre-date the PCIP program, as well as commercial plans and small group coverage. These services include hospital inpatient and outpatient services, mental health and substance abuse services, professional services for the diagnosis of treatment of injury, illness, or condition, non-custodial skilled nursing services, home health services, durable medical equipment and supplies, diagnostic x-rays and laboratory tests, physical therapy services, hospice, emergency services, prescription drugs, preventive care, and maternity care. PCIP does not cover certain categories

of services, including abortion services except when statutorily required, when the life of the woman would be endangered or when the pregnancy is the result of an act of rape or incest.

Outreach and Education

Since the program began enrolling people in the summer and fall of 2010, CMS has worked collaboratively with States, other Federal agencies, and stakeholders to increase awareness of the PCIP program. Examples of these collaborations include a partnership with the Social Security Administration (SSA), engagement of national organizations, and the dissemination of PCIP publications and other communications. Early in 2011, SSA field offices began communicating the availability of PCIP to millions of applicants for disability benefits. CMS also supported the efforts of some insurers to add PCIP program referral language to carrier denial notices. By establishing outreach partnerships with national organizations, CMS broadened its reach by first educating the State and regional chapters of those organizations, then reaching their audiences with information on PCIP. Audiences included insurance commissioners and agents, large hospitals and health systems (business offices), and representatives from major health advocacy groups and professional societies. Non-traditional partners, such as restaurant associations, proved to be great outreach targets since many restaurant employees do not have insurance. To support outreach efforts, CMS created drop-in articles, customized listserv announcements, and three distinct PCIP publications, in both English and Spanish, for dissemination at events. Many groups, including the American Hospital Association and the American College of Cardiology, published the drop-in articles in their national publications or sent the listserv notices to their members around the country.

In the spring of 2011, CMS launched an intensive education and outreach campaign led by the staff in the ten CMS regional offices to raise awareness among uninsured consumers and the people and organizations that serve them, including hospitals, other health care providers, social workers, faith-based organizations, voluntary health organizations, and many other non-traditional organizations. Between April and December 2011, CMS regional office staff participated in more than 1,600 outreach activities to raise awareness of the PCIP program. These activities included webinars, radio and TV interviews, phone banks conducted with local TV stations, information dissemination at health fairs and conferences, presentations, partnership meetings, media outreach, and e-mail blasts. Because of the regional office staffs' existing relationships with Children's Health Insurance Program (CHIP) outreach grantees, these organizations helped us channel PCIP information locally, particularly to families or parents who do not qualify for CHIP or Medicaid.

Future of the Program

Program experience confirms that PCIP is a lifeline for uninsured people with pre-existing conditions who otherwise face surcharged premiums, temporary or permanent exclusionary riders, or outright denials of coverage when seeking coverage. Data indicate we are serving people with serious medical conditions such as ischemic heart disease, various forms of cancer, osteoarthritis and related diseases, and hemophilia and covering lifesaving procedures ranging from chemotherapy and transplants. The PCIP program will continue to provide affordable coverage to consumers who are enrolled and will facilitate their transition to Affordable

Insurance Exchanges in 2014. In addition, CMS recognizes the important role that States play in their administration and/or support of the PCIP program nationwide and is committed to maintaining that strong partnership throughout the duration of the program. Finally, CMS will continue to monitor PCIP enrollment and expenditures closely and make necessary adjustments in the program to ensure both responsible management of the $5 billion provided by Congress and that PCIP enrollees continue to have health coverage until expanded market access is available for them in 2014.

Conclusion

The PCIP program is fulfilling the purpose set forth by Congress: providing an affordable coverage option for uninsured people with pre-existing conditions until the broader reforms in Affordable Care Act are fully realized for millions of Americans with the creation of the Affordable Insurance Exchanges, insurance reforms, and premium tax credits

Appendix A. State by State Enrollment in the Pre-Existing Condition Insurance Plan, as of December 31, 2011			
State	Federally/State Administered	Date Coverage for Enrollees Began (in 2010)	Number of People Enrolled and with Coverage in Effect Through December 31, 2011
Alabama	Federal	August 1	340
Alaska	State	September 1	44
Arizona	Federal	August 1	1783
Arkansas	State	September 1	404
California	State	October 25	5599
Colorado	State	September 1	1054
Connecticut	State	September 1	163
Delaware	Federal	August 1	153
District of Columbia	Federal	October 1	38
Florida	Federal	August 1	3736
Georgia	Federal	August 1	1476
Hawaii	Federal	August 1	78
Idaho	Federal	August 1	316
Illinois	State	September 1	1962
Indiana	Federal	August 1	678
Iowa	State	September 1	238
Kansas	State	August 1	301
Kentucky	Federal	August 1	435
Louisiana	Federal	August 1	377
Maine	State	August 1	30
Maryland	State	September 1	741
Massachusetts*	Federal	August 1	5
Michigan	State	October 1	789
Minnesota	Federal	August 1	244
Mississippi	Federal	August 1	163
Missouri	State	August 15	1031
Montana	State	August 1	280
Nebraska	Federal	August 1	174
Nevada	Federal	August 1	579
New Hampshire	State	July 1	306
New Jersey	State	August 15	794
New Mexico	State	August 1	805

New York	State	October 1	2632
North Carolina	State	August 1	2889
North Dakota	Federal	August 1	32
Ohio	State	September 1	2137
Oklahoma	State	September 1	576
Oregon	State	August 1	1187
Pennsylvania	State	October 1	4567
Rhode Island	State	September 15	136
South Carolina	Federal	August 1	948
South Dakota	State	July 15	153
Tennessee	Federal	August 1	878
Texas	Federal	August 1	4029
Utah	State	September 1	696
Vermont*	Federal	September 1	0
Virginia	Federal	August 1	982
Washington	State	September 1	708
West Virginia	Federal	September 1	76
Wisconsin	State	August 1	1000
Wyoming	Federal	August 1	137
Total			48,879

* Massachusetts and Vermont are guarantee issue states that have already implemented many of the broader market reforms included in the Affordable Care Act that take effect in 2014. Existing commercial plans offering guaranteed coverage at premiums comparable to PCIP are already available in both states.

Appendix B. Proportion of People Ever Enrolled in PCIP by Gender and Age at Time of Application								
	Gender		Age at Time of Application					
Federally-Administered PCIP*	Female	Male	18 and Younger	19-34	35-44	45-54	55-64	65 and Older
Alabama	49.4%	50.6%	0.5%	24.6%	17.5%	24.1%	31.7%	1.6%
Arizona	46.9%	53.1%	1.1%	12.8%	15.2%	28.4%	40.2%	2.3%
Delaware	53.6%	46.4%	3.1%	13.5%	9.9%	27.1%	43.2%	3.1%
District of Columbia	42.6%	57.4%	0.0%	29.6%	25.9%	18.5%	24.1%	1.9%
Florida	52.5%	47.5%	0.7%	12.5%	15.0%	27.5%	42.3%	2.0%
Georgia	54.0%	46.0%	1.6%	17.2%	21.1%	22.7%	34.4%	2.9%
Hawaii	52.7%	47.3%	0.0%	12.7%	10.9%	25.5%	44.5%	6.4%
Idaho	58.9%	41.1%	0.9%	18.6%	17.0%	26.8%	36.4%	0.2%
Indiana	56.3%	43.7%	1.7%	13.7%	12.7%	26.2%	44.1%	1.7%
Kentucky	57.5%	42.5%	0.7%	17.2%	15.3%	27.9%	36.2%	2.6%
Louisiana	53.2%	46.8%	0.8%	19.1%	18.3%	27.1%	33.2%	1.5%
Massachusetts	57.1%	42.9%	0.0%	28.6%	0.0%	28.6%	42.9%	0.0%
Minnesota	50.8%	49.2%	0.0%	13.4%	12.1%	23.6%	48.9%	2.0%
Mississippi	63.0%	37.0%	1.3%	21.7%	14.3%	28.7%	31.7%	2.2%
Nebraska	44.4%	55.6%	1.4%	16.4%	10.7%	30.4%	38.8%	2.3%
Nevada	56.0%	44.0%	1.9%	16.4%	17.0%	23.8%	38.4%	2.5%
North Dakota	53.5%	46.5%	0.0%	18.6%	25.6%	32.6%	20.9%	2.3%
South Carolina	56.6%	43.4%	1.4%	11.7%	13.2%	25.4%	46.0%	2.2%
Tennessee	50.9%	49.1%	0.6%	15.2%	18.4%	30.4%	34.2%	1.3%
Texas	52.7%	47.3%	1.9%	16.4%	15.5%	26.0%	37.9%	2.3%
Vermont	50.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
Virginia	57.5%	42.5%	0.9%	20.5%	17.1%	24.3%	34.1%	3.1%
West Virginia	60.2%	39.8%	2.0%	13.3%	13.3%	22.4%	45.9%	3.1%
Wyoming	63.9%	36.1%	1.1%	17.2%	14.4%	22.8%	43.3%	1.1%
Total for Federally-Administered PCIP	53.2%	46.8%	1.2%	15.4%	15.9%	26.3%	38.9%	2.2%

	Gender		Age at Time of Application					
State-Based PCIPs*	Female	Male	19 and Younger	20-34	35-44	45-54	55-64	65 and Older
Alaska	65.7%	34.3%	1.4%	32.9%	14.3%	30.0%	21.4%	0.0%
Arkansas	57.6%	42.4%	1.8%	27.9%	17.3%	24.6%	28.3%	0.0%
California	55.3%	44.7%	1.2%	29.3%	18.9%	24.1%	25.6%	0.8%
Colorado	53.9%	46.1%	2.0%	29.0%	18.9%	22.3%	27.0%	0.8%
Connecticut	54.2%	45.8%	1.6%	15.0%	15.0%	27.3%	37.5%	3.6%
Illinois	50.9%	49.1%	1.1%	19.3%	13.8%	27.1%	37.8%	0.9%
Iowa	50.7%	49.3%	0.3%	20.7%	13.8%	29.3%	34.5%	1.3%
Kansas	56.3%	43.7%	1.4%	20.9%	15.6%	24.4%	37.5%	0.2%
Maine	52.8%	47.2%	0.1%	18.2%	16.8%	26.3%	34.2%	4.4%
Maryland	35.9%	64.1%	0.0%	7.7%	12.8%	28.2%	51.3%	0.0%
Michigan	52.8%	47.2%	0.5%	20.9%	20.5%	28.4%	28.7%	1.0%
Missouri	43.3%	56.7%	1.7%	21.4%	18.4%	27.6%	29.9%	1.0%
Montana	55.4%	44.6%	2.9%	33.2%	19.5%	21.4%	22.7%	0.3%
New Hampshire	53.0%	47.0%	1.3%	20.7%	13.0%	33.3%	31.4%	0.2%
New Jersey	61.0%	39.0%	1.6%	28.5%	15.3%	24.5%	28.2%	1.9%
New Mexico	55.2%	44.8%	1.6%	25.6%	17.0%	21.3%	33.0%	1.6%
New York	48.4%	51.6%	0.2%	18.4%	17.2%	27.1%	35.5%	1.7%
North Carolina	58.6%	41.4%	1.2%	18.2%	17.8%	24.4%	37.8%	0.6%
Ohio	54.3%	45.7%	1.6%	17.5%	13.2%	23.8%	43.6%	0.3%
Oklahoma	52.1%	47.9%	2.4%	19.1%	14.3%	25.2%	38.4%	0.6%
Oregon	51.9%	48.1%	1.0%	28.6%	20.3%	22.8%	26.6%	0.7%
Pennsylvania	57.4%	42.6%	0.1%	15.3%	15.7%	28.4%	39.6%	0.8%
Rhode Island	54.2%	45.8%	0.9%	18.5%	16.7%	28.2%	35.2%	0.5%
South Dakota	49.3%	50.7%	4.7%	17.2%	13.0%	26.5%	38.6%	0.0%
Utah	57.3%	42.7%	7.1%	29.2%	16.7%	20.3%	26.1%	0.6%
Washington	42.7%	57.3%	0.8%	31.8%	22.4%	23.1%	20.8%	1.1%
Wisconsin	52.6%	47.4%	1.3%	19.9%	15.3%	28.8%	34.5%	0.2%
Total for State-Based PCIPs	54.0%	46.0%	1.2%	22.2%	17.0%	25.5%	33.2%	0.9%
Grand Total for PCIP Program	53.7%	46.3%	1.2%	19.8%	16.6%	25.8%	35.2%	1.4%

* State-Based PCIPs and Federally-Administered PCIP use slightly different age bandings.

Sources: State-Based PCIP Monthly Reports through January 2012 and NFC Reporting Center Query as of February 22, 2012 for the Federally-Administered PCIP.